

NIH CLINICAL CENTER NURSING & PATIENT CARES SERVICES
CRN ROLE COMPETENCY VALIDATION

Name: _____ Manager or Designee: _____
 Work Area: _____ Primary Preceptor: _____
 Hire Date: _____ Competency Date: Met _____ Not Met: _____

Reason for validation: • Orientation • Re-validation • PI Follow-up • Other _____

Key: 1 = No knowledge/No experience 3 = Knowledge/Done with assistance **Circle method used for validation:** D = Demonstration DR = Documentation Review V = Verbalization
 2 = Knowledge/No experience 4 = Knowledge/Done independently T = Test/Quiz O = Other (specify)

Competency: Pain Management – Assesses patient's pain and intervenes to address patient's pain management goal.

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
1. Assesses each patient for pain: a. On admission/nursing outpatient visit. b. With change in medical condition. c. Pre/Post any event likely to evoke a pain response. d. In anticipation of pain onset.	1	2	3	4	D, DR, T			NPCS Orientation Unit Orientation <u>NPCS Policy:</u> Patient Documentation	
2. Correctly uses the clinically appropriate pain intensity rating scale.	1	2	3	4	D, DR, T			NPCS SOP: Pain, Care of the Patient with Actual or Potential for	
3. Identifies resources to assist with patient's pain management.	1	2	3	4	V, T			Pain Intensity Instruments	
4. Collaborates with the patient and team to implement a pain management regimen.	1	2	3	4	DR, V			Pain and Palliative Care Services	
5. Correctly utilizes range dosing according to NPCS guidelines.	1	2	3	4	D, DR, T			Experience with preceptor	
6. Collaborates with patient and team to evaluate effectiveness of pain management regimen.	1	2	3	4	DR, V, T				
7. Reassesses patient's pain according to NPCS guidelines	1	2	3	4	DR, T				
8. Documents according to NPCS guidelines.	1	2	3	4	DR, T				

Action Plan for Competency Achievement

Targeted Areas for Improvement (Behavioral Indicators):

Educational Activities/Resources Provided:

“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:

Re-evaluation date: _____

By: _____

Competency Met

Competency Not Met

Next Step: _____